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**FROM:** Marcia A. Shurts  
**PHONE:** (816) 292-8301  
**RE:** Application No. 10/360,018  
 Filed: February 6, 2003  
 Inventor Jeffrey DOBBINS

**DATE:** July 20, 2004  
**FILE No.:** 5009891-26

Total number of pages including this page: 3  
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## MESSAGE

Following are:

Transmittal

Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address

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PTO/SB/21 (02-04)

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/360,018	
	Filing Date	February 6, 2003	
	First Named Inventor	Jeffrey DOBBINS	
	Art Unit	3725	
	Examiner Name	not yet known	
Total Number of Pages In This Submission	2	Attorney Docket Number	5009891-26

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Revocation of Power of Attorney with New Power of Attorney & Change of Correspondence Address
Remarks _____  Please note this application has been assigned a NEW Attorney Docket No. of 5009891-26.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Kyle L. Elliott, Spencer Fane Britt & Browne
Signature	<i>Kyle L. Elliott</i>
Date	July 20, 2004

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	Kyle L. Elliott	
Signature	<i>Kyle L. Elliott</i>	Date July 20, 2004

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/360,018
Filing Date	Feb. 6, 2003
First Named Inventor	Dobbins et al
Art Unit	3725
Examiner Name	
Attorney Docket Number	5009891-26

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

21129

☒ Please change the correspondence address for the above-identified application to:☐ The address associated with  
Customer Number:

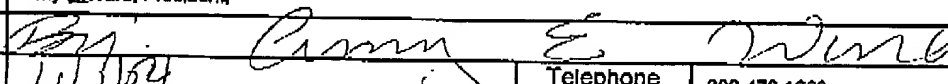
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Kyle L. Elliott				
Address	Spencer Fane Britt & Browne LLP				
Address	1000 Walnut, Suite 1000				
City	Kansas City	State	MO	Zip	64106
Country	USA				
Telephone	816-474-8100	Fax	816-474-3216		

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Amy E. Ward, President,		
Signature			
Date	7/13/04	Telephone	302-478-1660

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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